

QUITlines

The continued use of tobacco in the United States presents a public health challenge in terms of life expectancy, quality of life, and economic cost. The numbers are familiar to health educators:

- In the U.S., more than 440,000 adult deaths per year are directly related to tobacco use.¹
- Direct medical costs associated with smoking *alone* total more than \$75 billion per year.
- In addition to direct medical costs, lost productivity due to smoking-attributable illness and death costs \$82 billion per year.¹
- Of the 45.4 million smokers* in the U.S.,² it is estimated that 70% wish to quit, but less than 5% quit successfully each year.³
- About 4 in 10 current smokers (42.4%) attempted to quit smoking in the past year.⁴

Tobacco cessation is more cost-effective than other common and (health insurance) covered disease prevention interventions, such as the treatment of hypertension and high blood cholesterol.⁵ Yet as evidenced by the numbers of current tobacco users* and tobacco-related deaths, the leading preventable cause of death in the United States is an addiction and therefore difficult to quit. However, use of tobacco quitlines as part of comprehensive tobacco dependence treatment is becoming a major state, regional, and federal effort.

What are Tobacco Quitlines?

Tobacco quitlines are telephone-based tobacco counseling services for individuals interested in and / or attempting to quit smoking. Counselors specifically trained to help smokers quit answer callers' questions and help them to develop an individual and effective plan for quitting. As of May 2005, people in all 50 United States, the District of Columbia, and several U.S. Territories have access to quitline services, either through state-managed quitlines or the Cancer Information Service of the National Cancer Institute.⁶

Quitlines have some variability in how they are structured:

- Reactive quitlines provide a one-time counseling session to callers;
- Proactive quitlines usually provide counseling during the initial call, but then schedule 3-5 additional follow-up calls to support the quit process.

Quitlines provide a range of services:

- Individualized telephone counseling
- Mailed self-help or informational materials
- Recorded messages
- Provision of smoking cessation medications at low or no cost
- Referral to local programs and community services

Some quitlines also have the capacity to provide targeted services for specific populations. According to the North American Quitline Consortium, most states offer counseling in Spanish (in addition to English), and both California and Massachusetts offer services in three or more languages *other* than English. Other targeted services offered by some quitlines include those for high-risk populations (e.g. low income, ethnic), teen smokers, pregnant smokers, smokeless tobacco users, and Medicaid recipients.^{6,7,8,9}

Why Quitlines?

Quitlines provide effective cessation interventions that can overcome barriers smokers face in more traditional cessation programs, particularly accessibility and efficiency. More specifically, quitlines:

- Are free to callers, as they are accessible via a toll-free number;
- Eliminate the need to wait for a local tobacco cessation class to form;
- Eliminate the need for transportation;
- Eliminate the need for childcare services;
- Offer services that are available at the smoker's convenience;
- Offer tobacco cessation services to smokers in rural and underserved areas.

Studies indicate that smokers are more likely to use a telephone-based cessation service than they are a face-to-face program.¹⁰

Quitlines also offer important advantages from a health education / program perspective. Quitlines function based on a centralized system of operation and promotion, allowing for:

- Economies of scale, where financial and staffing resources can be utilized more efficiently.
- Standardized protocols and training for all cessation / counseling activities.
- Routine monitoring of counseling for quality assurance and continuity of services.
- Easier collection and evaluation of data.
- Ease of marketing and promotion, as only one campaign is necessary, though it may be (or need to be) large scale.

Quitlines Help Tobacco Users Quit

Strong evidence shows that quitlines are effective in helping tobacco users quit.^{7,8,9,11}

- Interactive telephone counseling and face-to-face counseling are more effective than services that only provide educational content or self-help materials.^{7,12}

*In this document the terms *smokers* and *tobacco-users* are used interchangeably. We recognize that while smokers comprise the bulk of the tobacco-using population and are the subject of most tobacco research, *all* tobacco-users are targeted in comprehensive tobacco prevention and control programs, including quitlines.

- Smokers are more likely to take advantage of telephone counseling than they are to participate in face-to-face individual or group counseling sessions.¹⁰
- Members of communities that are underrepresented in traditional smoking cessation programs actively seek help from quitlines, such as smokers of ethnic minority backgrounds.¹³

States implementing quitlines as part of comprehensive tobacco cessation and control programs have demonstrated significant success, including Maine, Oregon, California, Arizona, and West Virginia.

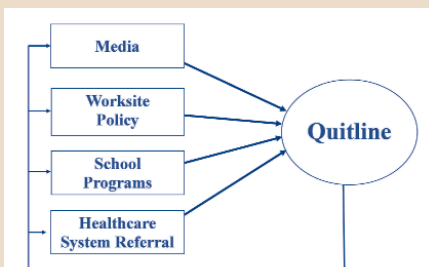
Comprehensive Tobacco Prevention and Control

The most effective means of addressing tobacco-use prevention and cessation comes in the form of comprehensive tobacco prevention and control programs. Comprehensive programs aim to:

- Prevent people from starting to use tobacco;
- Help people quit using tobacco;
- Reduce exposure to secondhand smoke;
- Identify and eliminate disparities in tobacco use among population groups.¹⁴

In combining educational, clinical, regulatory, economic and social strategies, programs aim to not only reduce tobacco use, but also affect social norms around the broader issue of cultural acceptability of tobacco use. Quitlines are a complementary component of comprehensive tobacco control programs, serving those smokers who want to quit, but also promoting tobacco cessation to the general population, helping to spread knowledge of cessation services, and thereby socially normalizing cessation for smokers.¹⁵

The Centers for Disease Control and Prevention recommends state-operated tobacco control programs that are comprehensive, sustainable, accountable, and include community interventions, counter-marketing strategies, and program policy and regulation. Quitlines are recommended in both the *United States Public Health Service Clinical Practice Guidelines*⁷ and *The Guide to Community Preventive Services*⁸. As part of comprehensive efforts, quitlines can not only help to advance



* Adapted from California Smokers' Helpline

these program goals, but are in fact most effective when they are combined with medication and counseling.

As part of a comprehensive tobacco prevention and control program, quitlines focus on cessation. This message is reinforced through other components of the program that promote quitting, regardless of whether or not they provide direct cessation services. Anti-smoking media campaigns, worksite restrictions on smoking, school-based tobacco prevention programs, and referrals from healthcare providers who advise and educate smokers on quitting all support and normalize tobacco cessation.⁷

Quitline Evaluation and Research

Since 2003 the North American Quitline Consortium (NAQC) has worked with the Centre for Behavioral Research and Program Evaluation at the University of Waterloo to develop a standard approach to evaluating tobacco cessation quitlines. This minimal data set (MDS) will:

- Provide a mechanism for evaluating quitline performance;
- Identify performance benchmarks that can be used to determine quitline effectiveness and cost-efficient cessation interventions;
- Allow for innovative cessation techniques to be tested and assessed across large and diverse populations (not possible by a single quitline); and

- Collect consistent and comparable data across quitlines for improved analysis of the multiple variables involved in quitline services.

Data for the MDS will be derived from quitline administrative files, the intake calls of those smokers who call quitlines, and both short- and long-term follow-up calls to evaluate service outcomes. The MDS will address, among others, the following variables:

- Caller characteristics (basic demographics)
- Current tobacco behaviors
- Explanatory factors demonstrated to be predictors of cessation success, e.g. level of addiction, self-efficacy
- Service delivery
- Changes in smoking behaviors
- Actions taken as a result of the call / quitline services
- Quit rates
- Quitline utilization (call volume)

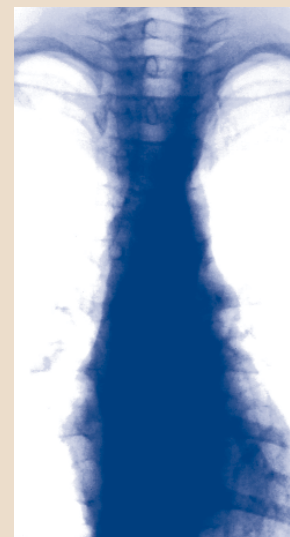
The National Network of Tobacco Cessation Quitlines

On February 3, 2004, U.S. Department of Health and Human Services Secretary Tommy G. Thompson announced a federal initiative to establish a national network of tobacco cessation quitlines to provide all smokers in the U.S. access to cessation support and information on quitting. The response was the formation of the *National Network of Tobacco Cessation Quitlines*, a collaborative effort of the National Cancer Institute's Cancer Information Services, the Centers for Disease Control and Prevention's Office on Smoking and Health, and the North American Quitline Consortium. The National Network of Tobacco Cessation Quitlines:

- Provides a common point of access to services, recognizable and available to a very mobile and transient society.
- Strengthens the delivery of service by providing a mechanism for integrating and implementing state, regional and national cessation campaigns.
- Increases access to cessation services by minority and medically underserved populations.
- Builds and enhances the capacity of quitlines in the states and U.S. territories.

As a result of the National Network of Tobacco Quitlines initiative and the collaboration of the agencies and organizations that comprise the Network, people in all 50 states, the District of Columbia, and several U.S. Territories have access to tobacco quitlines. **On November 10, 2004, with funding from the National Cancer Institute, 1-800-QUIT-NOW began operations as the only nationwide, toll-free portal to telephone-based tobacco cessation services for every person in the United States.** 1-800-QUIT-NOW (800-784-8669) links existing state quitlines together through this number, then instantly electronically routes the caller by area code to available quitline services provided in his/her state. Calls originating in states that do not currently provide quitline services are automatically routed to the NCI's Smoking Quitline, operated by the Cancer Information Service, on a temporary basis until those state-based quitlines are operational. With funding from CDC for building capacity and enhancing state-based quitlines, most states and several of the US Territories, such as Puerto Rico, will be operating their own quitlines by the end of this year.

A complete listing of state quitline information is provided at the end of this article. For detailed information - including quitline contact information, language services, services offered, populations counseled, websites, and more - visit the North American Quitline Consortium online at <http://www.naquitline.org/quitline.php> and search by state.



The Role of Health Education and Health Educators

There are a number of ways and levels by which health educators can be involved in tobacco cessation and prevention efforts. Each of these can be part of a comprehensive tobacco prevention and control program, and combined with other services, policies, and activities in an ecological approach to reduce tobacco use.

- **Work with State Health Department Tobacco Control Programs** and other state / local programs to determine what cessation / prevention initiatives exist, and to assess individual and community needs for health education on tobacco control and cessation.
 - Include smokers, friends and families of tobacco users, policy makers, employers, and health care providers.
 - Identify specific populations in the community that may be hard to reach and / or are not being served.
 - Identify specific populations in the community that may be disproportionately affected by tobacco use.
 - Promote health care systems change to institutionalize effective tobacco treatment.
- **Offer and participate in tobacco cessation programs and resources** in the community.
 - Reinforce the value of combining cessation medication with counseling.
- **Advocate to local, state, and federal legislators** for:
 - **Increased funding for expanding comprehensive tobacco control programs**, including the number and type of tobacco cessation activities, and mass media campaigns.
 - **Affordable tobacco-cessation assistance**, including:
 - Expanded coverage and provision of effective tobacco cessation treatments among private employers and health care programs, as well as all health care programs provided, funded, or operated by the state; and
 - Reducing or eliminating the out-of-pocket costs for cessation treatments offered in health benefit plans.^{8,11}
 - **Excise tax increases on tobacco products** at the municipal, state, and federal levels.
- **Let smokers know that help is available** when they are ready to quit, and promote available tobacco cessation services including quitlines, other counseling services in the community, and pharmacotherapy options (both over-the-counter and prescription).
 - **Establish referral relationships**, especially a reciprocal referral with the state quitline.
- **Act as a resource person** to smokers, friends and families of smokers, employers, policy makers, and health care providers to promote tobacco cessation information and resources.
- **Work with local healthcare providers / clinicians** to ensure they refer patients to quitlines and other community resources.

U.S. Quitlines by State†

1-800-QUIT-NOW is the national portal number through which smokers in every state, the District of Columbia, and some U.S. territories can access telephone-based tobacco cessation services. Calls to 1-800-QUIT-NOW are automatically routed to available quitline services provided in the state from which the call originates. Many of these state quitlines, however, do have a direct dial number for smokers within the state. These numbers are provided below. Work with your state's comprehensive tobacco prevention and control program to connect smokers in your community and state with your state quitline services.

Alabama 1-800-QUIT-NOW	Maine 1-800-207-1230	Pennsylvania 1-877-274-1090
Alaska 1-888-842-QUIT	Maryland 1-800-399-5589	Rhode Island 1-800-TRY-TO-STOP
Arizona 1-800-556-6222	Massachusetts 1-800-TRY-TO-STOP	South Carolina† 1-877-44U-QUIT
Arkansas 1-866-NO-BUTTS	Michigan 1-800-480-QUIT	South Dakota 1-866-SD-QUITS
California 1-800-662-8887	Minnesota 1-888-354-PLAN	Tennessee 1-800-QUIT-NOW
Colorado 1-800-639-QUIT	Mississippi 1-800-244-9100	Texas 1-877-YES-QUIT
Connecticut 1-866-END-HABIT	Missouri 1-800-QUIT-NOW	Utah 1-888-567-TRUTH
Delaware 1-866-409-1858	Montana 1-866-485-QUIT	Vermont 1-877-YES-QUIT
District of Columbia 1-800-QUIT-NOW	Nebraska 1-800-QUIT-NOW	Virginia 1-800-QUIT-NOW
Florida 1-877-U-CAN-NOW	Nevada 1-888-866-6642	Washington 1-877-270-STOP
Georgia 1-877-270-STOP	New Hampshire 1-800-TRY-TO-STOP	West Virginia 1-877-Y-NOT-QUIT
Hawaii 1-800-QUIT-NOW	New Jersey 1-866-NJ-STOPS	Wisconsin 1-877-270-STOP
Idaho 1-800-QUIT-NOW	New Mexico 1-800-QUIT-NOW	Wyoming 1-866-WYO-QUIT
Illinois 1-866-QUIT-YES	New York 1-866-NY-QUITS	Great Start 1-866-566-START
Indiana 1-800-548-8252	North Carolina 1-800-QUIT-NOW	A tobacco quitline operated by the American Legacy Foundation providing free counseling to pregnant smokers who want to quit.
Iowa 1-866-U-CAN-TRY	North Dakota 1-866-388-QUIT	
Kansas 1-866-KAN-STOP	Ohio 1-800-QUIT-NOW	
Kentucky 1-800-QUIT-NOW	Oklahoma 1-866-PITCH-EM	
Louisiana 1-800-LUNG-USA	Oregon 1-877-270-STOP	

†As several states begin operating state-based quitlines in the next several months, some of these numbers will be changing.

†This number is expected to change to 1-800-QUIT-NOW in early 2006. Check with the South Carolina Department of Environment and Control, Division of Tobacco Prevention and Control for updates.



Key Resources

for More Information on Tobacco Quitlines

¹ Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs-United States, 1995-1999. *Morbidity and Mortality Weekly Report* 2002;51(14):300-303.

² Centers for Disease Control and Prevention. Cigarette Smoking Among Adults - United States, 2003. *Morbidity and Mortality Weekly Report* 2005; 54(20):509-513.

³ Centers for Disease Control and Prevention. Cigarette Smoking Among Adults - United States, 2000. *Morbidity and Mortality Weekly Report* 2002;51(29):642.

⁴ Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health Behaviors of Adults: United States, 1999-2001. National Center for Health Statistics. *Vital Health Statistics* 10(219). 2004.

⁵ Cummings SR, Rubin SM, Oster G. The cost-effectiveness of counseling smokers to quit. *Journal of the American Medical Association* 1989; 261(1):75-79.

⁶ North American Quitline Consortium. *Quitline Facts*. Accessed online May 20, 2005 at http://www.naquitline.org/quitline_facts.php

⁷ Fiore MC, Baily WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guidelines*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

⁸ Zaza S, Briss PA, Harris KA, eds. The guide to community preventive services : what works to promote health? / Task Force on Community Preventive Services. New York, NY: Oxford University Press. 2005.

⁹ Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation (Review). *The Cochrane Library*. Chichester, UK: John Wiley & Sons, Ltd. Issue 2, 2005.

¹⁰ Zhu SH, Anderson CM. Bridging the clinical and public health approaches to smoking cessation: California Smokers' Helpline. In: Jammer MS, Stokols D, eds. *Promoting Human Wellness: New Frontiers for Research, Practice, and Policy*. Berkeley, CA: University of California Press; 2000:378-394.

¹¹ Hopkins DP, Briss PA, Ricard CJ, et al. Review of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventive Medicine* 2001; 20(2S):16-66.

¹² McAfee T, Sofian N, Wilson J, Hindmarsh M. The role of tobacco intervention in population-based health care. *American Journal of Preventive Medicine* 1998; 14:46-52.

¹³ Zhu SH, Rosbrook B, Anderson CM, et al. The demographics of help-seeking for smoking cessation in California and the role of the California Smokers' Helpline. *Tobacco Control* 1995;4(Suppl 1):S9-S15.

¹⁴ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*. 1999.

¹⁵ Centers for Disease Control and Prevention. Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. 2004.

This special insert has been supported by funds from the Centers for Disease Control and Prevention, Office on Smoking and Health. Purchase Order No. 211-2004-M-09382. Written by Blakely Pomietto, MPH, Society for Public Health Education.

Organizations

Centers for Disease Control and Prevention
Tobacco Information and Prevention Source
<http://www.cdc.gov/tobacco/>

National Cancer Institute, Cancer Information Service
1-800-QUIT-NOW
Live Help link at <http://www.cancer.gov>

North American Quitline Consortium
<http://www.naquitline.org>

American Cancer Society
http://www.cancer.org/docroot/PED/ped_10.asp?sitearea=PED

Agency for Healthcare Research and Quality
<http://www.ahrq.gov/path/tobacco.htm>

American Legacy Foundation
<http://www.americanlegacy.org>

American Lung Association
<http://www.lungusa.org/tobacco>

Office of the Surgeon General
<http://www.surgeongeneral.gov/tobacco>

U.S. Department of Health and Human Services
<http://www.smokefree.gov>

Publications and Resource Guides

Telephone Quitlines: A Resource for Development, Implementation, and Evaluation
<http://www.cdc.gov/tobacco/quitlines.htm>

Treating Tobacco Use and Dependence: Clinical Practice Guidelines
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

The Guide to Community Preventive Services
<http://www.thecommunityguide.org>

Linking a Network: Integrate Quitlines with Health Care Systems
http://www.paccenter.org/pages/pub_reports.htm

A Quick Reference Guide to Effective Tobacco Cessation Treatments and Activities
<http://www.CTCinfo.org>

The Health Consequences of Smoking: A Report of the Surgeon General
<http://www.surgeongeneral.gov/library/smokingconsequences/>